

Attorney Docket No.: FMW-CQ-PCT-US**AMENDMENT TRANSMITTAL FORM**

In re Application of Edst Reder et al.  
Serial No.: 10/520,733  
Filed: 01/10/05

Examiner: Benjamin M. Kurtz  
Group Art Unit: 1723

For: **FILTER CARTRIDGE**

Commissioner for Patents  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.

☐ No additional fee is required.

The fee has been calculated as shown below:

	Column 1 Claims Remaining After Amend- ment		Column 2 Highest No. Previously Paid For	Column 3 Present Extra Claims	Small Entity Rate	Small Entity Additional Fee	or	Other Than Small Entity Rate	Other Than Small Entity Additional Fee
Total*	25	-	24	= 1	x \$ 26	\$		x \$ 52	\$ 52.00
Indep.*	5	-	5	= 0	x \$ 100	\$		x \$ 220	\$
Multiple Dep. Claim					+ \$ 195			+\$ 390	\$
TOTAL ADDITIONAL FEES					TOTAL \$		or		TOTAL \$ 52.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the \*Highest Number Previously Paid For\* IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the \*Highest Number Previously Paid for\* IN THIS SPACE is less than 3, write "3" in this space.

The \*Highest Number Previously Paid For\* (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A DUPLICATE OF THIS SHEET IS ATTACHED.

☒ A check in the amount of \$ 52.00 is attached.

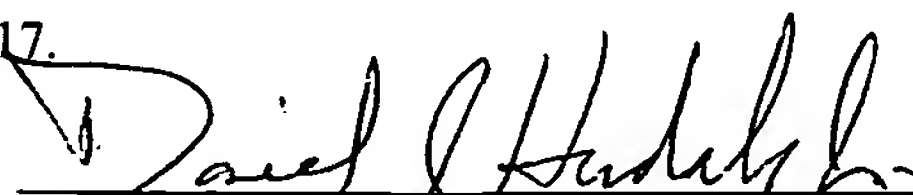
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-3150.

☒ Any filing fees under 37 CFR §11.16 for the presentation of extra claims in the event sufficient payment is not enclosed.

☐ Any patent application processing fees under 37 CFR §1.17.

Date: \_\_\_\_\_

By: \_\_\_\_\_

  
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